CALIFORNIA RIVIERA HOME OWNERS ASSOCIATION (CRHOA)

FILMING NOTICE

Date: _____ **CRHOA Notice No.** _____

L.A. City Permit No _____

Film, Company, Name, Address, City, State, Zip: _____

Film, Company, Representative and Phone No.: _____

Name of Production: _____

Filming, Location and Name and Telephone Number of Property Owner: _____

Dates and Hours of Filming: _____

Fees Payable to CRHOA: _____

Remarks: _____

For Filming Company:	**For CRHOA:**
Print: _____	**Print:** _____
Sig: _____	**Sig:** _____
Date: _____	**Date:** _____

P.O. Box 1722
Pacific Palisades, CA 90272 310/454-5245 (Phone) 310/459-3935 (Fax)